

COACHES AGREEMENT

As a Coach it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to concussions and head injuries per the guidelines set forth by the Department of Public Instruction and Statute 118.293.

Coaches Agreement:

I _____ have **read** the Coaches Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused. I also understand what the signs, symptoms, and behaviors are and agree to remove the athlete from practice/play if exhibited and/or a concussion is suspected.

I understand that it is my responsibility to inform the parents/guardian if I suspect a concussion or if a suspected concussion is reported to me and that the athlete cannot return to practice or play before providing me with written clearance from an appropriate health care provider.

I understand the possible consequences of the athlete returning to practice/play too soon.

Coach
Signature _____ Date _____

Sport _____

Organization Eau Claire Parks & Recreation _____

Team/League _____

Age Level _____



Eau Claire Parks & Recreation
915 Menomonie Street
Eau Claire, WI 54703

Phone 715-839-5032
Fax 715-839-1685
Web site www.eauclairewi.gov/pr

Questions and Information

Name_____

Date_____

Address_____

City_____ Zip_____

County_____ Phone_____

Email_____

Name of Current
Team_____

Organization Eau Claire Parks & Recreation_____

Select League/Youth League
Name_____

